

maltase (mawl-täs). SEE α -D-glucosidase.
acid, SYN exo-1,4- α -D-glucosidase.

maltobi-ose (mawl-tö-bi'-ös). SYN maltose.

MALTOtoma. B-cell lymphoma of mucosa-associated lymphoid tissue. SYN extranodal marginal zone lymphoma.

maltose (mawl-tös). A disaccharide formed in the hydrolysis of starch and consisting of two D-glucose residues bound by a 1,4- α -glycosidic link. SYN malt sugar, maltobiose.

maltotetrose (mawl-tö-tet'-rös). A saccharide composed of four D-glucose units in the α -1,4 linkage.

malum (mäl'üm). A disease. [L. an evil]

m. articulorum senilis, arthritis in the aged.

m. perforans pe'dis, perforating ulcer of the foot occurring in certain neuropathies.

m. venereum, SYN syphilis.

malunion (mal'-üñ'yün). M. of the ends of a broken bone resulting in a deformity or a crooked limb; frequently used interchangeably with faulty m. SYN vicious union.

mam·pi·an (mäm'-mon-pē-on'). Formerly used term for mother yaw. [Fr. *maman*, mother + *pian*, yaw]

mamel·lon (mäm'ë-lon). One of the rounded prominences, three in number, on the cutting edge of an incisor tooth when it first pierces the gum. [Fr. nipple]

mamel·lon·at·ed (mäm'ë-lon-ät-ed). Having rounded, teatlike elevations; nodulated. [Fr. *mamelon*, nipple]

mamel·lo·na·tion (mäm'ë-lö-nä-shün). The formation of rounded projections or nodules on bony and other structures.

mamil·-mamilli-. The mamillae. SEE ALSO mammil-. Cf. thelo-, *mamilla*, nipple]

mam·ma- and pl. **mam·mae** (mäm'ä, mäm'ë) [TA]. SYN mammary gland. [L.]

mam·mo·raria [TA], SYN accessory breast.

mam·ma·ca, a supernumerary breast abnormally located, i.e., in a place other than the milk line.

mam·cu·lina [TA], SYN male breast.

mam·mu·nary m., SYN accessory breast.

mam·pu·lous [TA], SYN male breast.

mam·mal (mäm'äl). An animal of the class Mammalia.

mam·mal·gia (mäm'äl-jé-ä). SYN mastodynia. [L. *mamma*, breast, + *G. gallos*, pain]

mam·ma·ta (mäm'mä-lë-ä). The highest class of living organisms; includes all the vertebrate animals (monotremes, marsupials, eutherians) that suckle their young, possess hair, and (except the egg-laying monotremes) bring forth living young rather than eggs. [L. *mamma*, breast]

mam·plas·ty (mäm'ä-plas-të). Plastic surgery of the breast to change size or position, or all of these. SYN mammoplasty, breast surgery. [L. *mamma*, breast, + G. *plastos*, formed]

mam·plas·tum, plastic surgery to enlarge the breast, often by breast implant.

mam·plas·tic m., making a simulated breast by plastic surgery, often a breast that has been removed.

mam·plas·tic, plastic surgery of the breast to reduce its size and/or improve its shape and position.

mam·re (mäm'ä-rë). Relating to the breasts.

mast·ec·to·my (mä-mek'tö-më). SYN mastectomy. [L. *mamma*, breast, + *G. ektomë*, excision]

mam·for·m (mäm'ë-form). Resembling a breast; breast-shaped. SYN mammose (1). [L. *mamma*, breast, + *forma*, form]

mam·mili·-. The mamillae. SEE ALSO mammil-. Cf. *mamilla* (mamilla), nipple]

mam·mil·la (*mam·mil·lae*) (mäm'mil'ä, mäm'mil'ë). 1. A small elevation resembling the female breast. 2. SYN nipple.

mam·mil·la·plas·ty (mäm'mil'ä-plas-të). Plastic surgery of the areola. [L. *mammilla*, nipple, + G. *plastos*, formed]

mam·mil·la- (mäm'mil'ä-rë) [TA]. SYN mammillary. [L.]

mam·mil·la- [TA], SEE mammillary body.

mam·mil·lary (mäm'i-lär-ë) [TA]. Relating to or shaped like a nipple. SYN mammillare [TA].

mam·mil·late (mäm'i-lät). Studded with nipple-like projections.

mam·mil·la·tion (mäm'i-lä-shün). 1. A nipple-like projection. 2. The condition of being mammilated.

mam·mil·li·form (mäm'mil'i-form). Nipple-shaped. [L. *mamilla*, nipple, + *forma*, form]

mam·mil·li·tis (mäm'i-lí-tis). Inflammation of the nipple. [L., *mamilla*, nipple, + G. *itis*, inflammation]

mammo-. The breasts. Cf. masto-. [L. *mamma*, breast]

mam·mo·gram (mäm'ō-gram). The record produced by mammography.

mam·mog·ra·phy (ma-mog'rä-fë). Radiologic examination of the female breast with equipment and techniques designed to screen for cancer. [mammo- + G. *graphō*, to write]

Mammography can detect carcinoma of the breast sometimes as early as 2 years before it becomes palpable and in many cases before lymph node metastasis has occurred. Mammographic findings that strongly suggest carcinoma are microcalcifications and ill-defined densities within breast tissue. These findings are not specific, however, and the cumulative probability of a woman's having a false-positive mammogram during 10 years of annual examinations approaches 50%. Scintimammography after intravenous injection of Tc-99m sestamibi may be used to follow up an equivocal mammogram. Positron emission tomography (PET) has shown promise in discriminating between benign and malignant breast masses as well as in detecting axillary lymph node metastases in patients with newly diagnosed breast cancer and distant metastases in patients with advanced or recurrent breast carcinoma. Because of the high cost of this procedure, its use is currently limited to high-risk subjects and those with dense breasts. The value of mammography in the early detection of breast cancer is well established for women of average risk aged 50–69 years. For this group, annual mammography reduces breast cancer mortality by 30–40%. Analysis of numerous clinical studies has revealed that mammograms may not save lives for healthy women under 50 (only 17% of all breast cancers occur in women under 40). The higher density of breast tissue in younger women limits the ability of radiography to identify tumors in women aged 40–50, for whom ultrasonography is preferred in evaluation of palpable breast lesions. Research has suggested that for a small fraction of women, exposure to radiation during mammography may actually trigger breast cancer. The American Cancer Society, the National Cancer Institute, and the American College of Radiology recommend a baseline mammogram for all women by age 40 and annual mammograms after age 50. Mammograms should begin at age 25 for women who are at special risk because of family history. Because some 10% of breast cancers that can be felt on examination are missed by mammography, annual examination of the breasts by a physician is also recommended. Surveillance by the Food and Drug Administration has shown an improvement in the sensitivity of mammograms during the past 5 years, largely because of improvements in screen and film systems. A digital scanning technique approved in 1998 further enhances the detection of microcalcifications and spiculated masses on mammography. However, mammography remains a screening procedure, and diagnosis of breast lesions depends on physical examination and biopsy findings. Federal law requires all facilities in the U.S. that perform mammography to provide each examinee with a report of the results in clear, simple language within 30 days after the examination, besides a detailed report to the physician who ordered the examination. See Also carcinoma of the breast.

Mam·mo·mon·o·ga·mus (mäm'ō-mon-og'ā-mus). Genus of syncamid trematode (family Syngamidae) found in the respiratory

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